Case 2:05-cr-00270-LSC-CSC Document 38 Filed 08/03/2006 Page 1 of 1										
1. CIR	./DIST./DIV. CODE	2. PERSON R	EPRESENTED	<i>D</i> 00	Sament	30 11100	VOUCHER NU	MBER 1 AGC	1 01 1	
ALM Williams 3. MAG. DKT/DEF. NUMBER			s, Angela M. 4. DIST. DKT./DEF. NUMBER		5. APPE	5. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER		
512.1			2:05-00027	2:05-000270-001						
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY		· ·	9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions)		
U.S. v. Williams			Felony		Adı	Adult Defendant		Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 641.F PUBLIC MONEY, PROPERTY OR RECORDS										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS SMITH, SYDNEY ALBERT P. O. DRAWER 389 ELBA AL 36323 Telephone Number: (334) 897-3658 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instruction)					13. COURT ORDER X O Appointing Counsel					
						Repayment or partial repayment ordered from the person represented for this service at time of appointment.				
unite of appointment.										
	CATEGORIES (Attac	h itemization of s	services with dates)	C	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and	l/or Plea				,				
ľ	b. Bail and Detention Hearings									
ľ	c. Motion Hearings									
1	d. Trial									
n	e. Sentencing Hearings									
C 0	f. Revocation Hearings						1/-			
u r	g. Appeals Court									
t	h. Other (Specify on additional sheets)									
						<u> </u>				
-	(Rate per hour) TO	TALS:						
16. O										
ŭ t	b. Obtaining and reviewing records									
o f	c. Legal research and brief writing									
С	d. Travel time									
u r	e. Investigative and Other work (Specify on additional sheets)									
t	(Rate per hour = \$) TOTALS:									
17.	Travel Expenses	(lodging, parki	ng, meals, mileage, e	etc.)						
18.	Other Expenses	(other than exp	ert, transcripts, etc.)						
						•				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO						E 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION				
22. CLAIM STATUS Final Payment Interim Payment Number Isupplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this										
representation? TyES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.										
Signature of Attorney: Date:										
Organization of Association										
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAV					EL EXPENSE	XPENSES 26. OTHER EXPENSES 27. TOTAL AM		L AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE		28a. JUDG	28a. JUDGE / MAG. JUDGE CODE	
29.	9. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL					S 32. OTH	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.						DATE	DATE 34a. JUDGE CODE			